# ASSOCIATION of MIDWIVES of NEWFOUNDLAND & LABRADOR



## Newsletter No. 36, March 2006

**Association of Midwives of Newfoundland and Labrador**
(Chapters in Goose Bay and St. John's)
**Newsletter 36**
March 2006

**MISSION STATEMENT**
**To provide opportunities for information sharing between midwives and to promote the profession of midwifery and the need for appropriate legislation so that midwives in Newfoundland and Labrador are publicly funded to provide evidence-based midwifery care for childbearing families in this province.** (2005)

This Newsletter contains a summary of the annual general meeting held on April 3, 2006 (which had been postponed from the previous Monday due to a storm), and the annual reports from the president and publicity chairperson. The new wording for the Constitution objectives is included, as are items regarding legislation and regulation of midwives in Newfoundland and Labrador.

The AMNL Application for Membership form for 2006 is at the end of this Newsletter. AMNL membership for everybody is $20.00, and for midwives who wish to be members of the Canadian Association of Midwives (CAM) add $55.00 for a total of $75.00. To be able to keep this low membership fee we need more members (both midwives and other interested persons).

In May, at the MUN Spring Convocation Kay Matthews, AMNL President, will be awarded an honorary doctor of laws degree. Congratulations Kay.

This Newsletter contains midwifery news items, and contributions are welcomed. Those who submit items are responsible for obtaining permission to publish in our Newsletter. The Editor does not accept this responsibility. Items for the next Newsletter should be submitted by the end of May.

Pearl Herbert, Editor, (pherbert@mun.ca)

**International Day of the Midwife**
**May 5, 2006**
**"The world needs more midwives - now more than ever"**
**Donation Dinner at India Gate Restaurant** (tentative)
**Afternoon, May 7, an information table at Avalon Mall flea market**
Information from Patti at friendsofmidwifery@yahoo.ca

**AMNL General Meeting,**
**Monday, September 18, 2006, 4:00 p.m.** (Island time)
**Call in: 709-737-7239, ID 12267, Trouble No.: 709-737-6654.**
**In St. John's the conference call will be taken at Telemedicine, HSC.**

**Canadian Association of Midwives 6th Annual Meeting and Conference**
**"The Cascade of Normal: Reclaiming Confidence in Birth"**
**October 18-20, 2006, in Ottawa**
**Abstracts due by April 17, 2006**
**For information see www.canadianmidwives.org**

**Executive Committee**

President: Kay Matthews, MUN School of Nursing, HSC, Prince Philip Driveway, St. John's, NL, A1B 3V6
Secretary: Karene Tweedie
Treasurer: Pamela Browne
Cosigner: Susan Felsberg
Past President: Karene Tweedie
Newsletter Editor: Pearl Herbert
Home page: http://www.ucs.mun.ca/~pherbert/
Newsletter in HSLibrary: WQ 160 N457n

**Summary of the Annual General Meeting, April 3, 2006**

The meeting was attended by six people at the Telemedicine studio in St. John's, and two at the Labrador Health Centre in HVGB. There were also apologies from members unable to attend.

The nearly completed film has been circulated and mainly positive comments received. It was unanimously agreed that the title is changed to "Gentle Beginnings: Giving Birth with Midwives in Newfoundland and Labrador" so as to indicate the content of the film. [Following this AGM, Kelly arranged for AMNL and Friends of Midwifery NL representatives to meet with John Hong at her house on April 13, in order to clarify a few presentation questions.] Also, the question of copyright was going to be investigated. Patti had some pricing for DVD disks and it was suggested that to start with 25 copies of the Newfoundland and Labrador final cuts and 25 copies of the generic version, explaining about midwives, would be ordered. The selling price to be below $20, and Patti would find out about charging HST. The films will be packaged with the revised midwifery brochure. [The revised brochures are now available.]

For the International Day of the Midwife the Friends of Midwifery NL are having a table at the Avalon Mall flea market on Sunday, May 7, with AMNL members assisting, similar to last year. If the film is ready, it will be shown and the DVD disks will be available for sale. Patti is investigating fridge magnets to hand out, and the revised midwifery brochures will also be available. Those on the Friends of Midwifery list are being contacted to ask if they would like to make a donation instead of paying a membership fee. [Following this meeting, Friends of Midwifery are also arranging another dinner/donation at India Gate restaurant, probably on May 5.]

The President gave her report (see below) and the Publicity Chairperson gave her report (see below). Other reports are also included below. The letter from the Citizen's Representative will be held over until the June Newsletter.

The AMNL midwifery brochure was printed in March 2005 and most of the 350 copies have been distributed. Prior to ordering more brochures the wording has been revised. The Definition of a Midwife has been changed to the 2005 definition, and the contact addresses at the back have been changed. Most members requested black and white on the same colour paper as last time - pale mauve. To have the coloured photo is much more expensive. The President suggested that AMNL hold a workshop, but where and when need to be considered.

No changes to the AMNL Mission Statement or Bylaws were proposed. The revised wording for the Constitution objectives, carried forward from the 2005 AGM, was passed.

1. To promote recognition in this province of the role of midwives as defined in the "International Definition of a Midwife" (WHO/FIGO/ICM).
2. To actively promote legislation for the practice of midwives as funded and self regulated health care professionals.
3. To promote midwifery care for childbearing families in this province.
4. To provide midwives in the province with opportunities for communication and sharing of information.
5. To promote professional development opportunities for midwives in the province.

6. To act as a resource and liaise as necessary with other health care professionals, government representatives, community groups, etc., in the areas of midwifery, maternity and newborn care.
7. To promote and support research in the areas of midwifery, maternity and newborn care.
8. To engage in a mutually supportive relationship with the Canadian Association of Midwives in areas that relate to this provincial Association.

**AMNL President's Report 2005-2006 - submitted by Kay Matthews**

This year the focus of the association has been to try to increase its membership and to continue to bring the issue of midwifery both to the Government of Newfoundland and Labrador and to the public.

Activities have included:

- Revision of the explanatory brochure on midwifery;
- Completion of the final stages of a video on birth and the issues around midwifery in Newfoundland and Labrador;
- On-going ad hoc raising of the midwifery issues with the relevant departments in the provincial government and politicians;
- Supporting the Friends of Midwifery by helping at the publicity table in the Avalon Mall for the 2005 International Day of the Midwife;
- A very successful Annual Conference of the Canadian Association of Midwives (CAM) was held in Halifax in November. Unfortunately, only three midwives attended from NL, but those who attended got a real sense of the vitality of midwifery across Canada and the importance of strength and support for a profession which, although growing, still needs to be ready to fight for its existence in some provinces. At the meeting, Kirsten Martin from Nova Scotia was acclaimed as President of CAM for 2006-8;

AMNL continues to try to recruit midwives to the Association. This should be a priority in 2006.

**AMNL Publicity Report 2005/2006 - Submitted by Pearl Herbert**

**Newsletter**

"Association journals are one of the major benefits of membership. Journals represent the lifeblood of an organization, and can be a vital and dynamic forum for the transfer of knowledge and ideas." *Canadian Journal of Public Health, 95*(1), 69. (January/February 2004).

The March 2005 issue of the Newsletter was distributed to AMNL members as a paper copy. The Editor was not available to produce a June 2005 Newsletter. The Newsletters for September 2005 and January 2006 were sent electronically. Paper copies of the three issues were placed in the reference binder in the Health Sciences Library.

At the AMNL 2005 Annual General Meeting it was agreed that Newsletters would be sent as in the PDF format, and the AMNL membership fee would be reduced. For those members who were unable to receive Newsletters in this format, paper copies would be given. Members in Labrador were to contact Pamela Browne (Treasurer) and those on the Island were to contact Pearl Herbert (Editor) if they were unable to access the Newsletter. Members who changed their e-mail address were to advise Pearl Herbert. It was also decided that the Newsletter would only contain midwifery items and omit other general interest materials.

In March 2005 the Newsletter was photocopied at Dicks & Company, and the 19 pages + cover, were stapled, and 20 copies made. The cost was $26.11 and postage was $13.17.

The September Newsletter contained 5 pages + cover, and the January Newsletter contained 11 pages + cover. There were no costs attached to sending these in the PDF format.

Therefore the total cost for the Newsletters for 2005/2006 was $39.28 (compared to $146.02 last year.) This was the equivalent of less than $2.00 from each person's reduced membership fee.

There have been some extra copies of the Newsletter which have accrued over the years, and these have been used as promotional material. Some copies were taken to the CAM conference last November. There are a few copies remaining from the 'Alliance' days, and if anybody would like these please contact Pearl.

**Web Page**

The AMNL web site is continued for students and others interested in midwifery information. It is very basic but it is visited by a variety of people. There appears to be a problem with the counter showing visits to the site. (It is improbable that 400,000 people visited during this past year.) The MUN Internet is relatively safe and the web page does not get filled with junk. Sometimes we receive information about other placement sites for the page, some for which we would have to pay an annual fee. If somebody wants to take on this responsibility, they can explore these sites, but if I am continuing doing this as the Publicity person then I wish to leave the web page where it is. (I do not know enough to design and edit fancy pages.)

**Conference Calls**

The conference call meeting booked for September 2005 was cancelled due to people being away. A general meeting by conference call between Happy Valley-Goose Bay (HVGB) and St. John's was held in January, and the annual general meeting call booked for March 2006 was postponed for a week due to the weather.

**Radio Interview**

There was an interview from Corner Brook on the CBC Regional Radio 1 morning show on February 10. It commenced with a taped interview with a pregnant woman worried about the Stephenville Hospital discontinuing providing obstetric services. This will result in her having to drive for an extra hour to go to Corner Brook for her third baby. Her husband is often away working and she feels she would lack support, especially if she had the baby on route. She was asking why midwives could not practice in the region now that the Stephenville obstetrician is moving to Corner Brook. CBC then interviewed Karen Robb who now practices in Halifax, and Pearl Herbert. Later in the day CBC radio aired provincially a clipping of Pearl talking during the interview.

**Interviewed for Articles During the Past Year**

Dwyer, A. (2005, April). A mother's choice. *Downhomer, 17*(11), 44-49. [The author interviewed members of the Friends of Midwifery NL, AMNL, and the spokesperson for the provincial government's Department of Health and Community Services.]

Gosse, C-M. (2006, January 22). Home delivery. Province yet to introduce legislation governing midwifery. *Independent News, 4*(4), page 3. [Interviewed Pearl Herbert and Jayme Safine from NL and others.]

**Canadian Association of Midwives** (Kay Matthews represents AMNL on the CAM Board).

Kay has been AMNL's representative on the Canadian Association of Midwives (CAM) for the last two years. They meet monthly by teleconference and many issues are discussed, especially the promotion and development of midwifery across Canada. As well, CAM has been active in giving feedback to the committees on Primary Health Care and the multidisciplinary collaborative project ($MCP^2$). A synopsis of the discussions and decisions is available in the *Canadian Journal of Midwifery Research and Practice* (CJMRP).

In 2005 the Canadian Association of Midwives wrote a formal letter to the provincial government asking about the status of midwifery in Newfoundland and Labrador and offering support for efforts towards legislation and recognition of midwifery. As well, it has supported the present moves to introduce legislated midwifery to Nova Scotia.
[At the time of writing this Newsletter the NS Government has not appointed a MIC.]

**Canadian Midwifery Regulators Consortium**

The Canadian Midwifery Regulators Consortium (CMRC) is a network of midwifery regulatory authorities from Canadian provinces and territories where midwifery is regulated, and their web page is www.cmrc-ccosf.ca . The CMRC's mandate is to facilitate inter-provincial mobility, to advocate for legislation, regulation, and standards of practice that support access to a high standard of midwifery care across the country, and to provide a forum for Canadian regulators to discuss and take action on issues of mutual concern.

**Assessment of Internationally-Educated Midwives**

In 2003, Canadian midwifery regulators committed to working together to develop a national strategy for assessing internationally-educated midwives who wish to work in Canada. Regulators agreed that a comprehensive national approach to competency assessment could maximize the limited resources of current provincial regulators, support provinces that are not yet regulated in moving toward regulating midwifery, and facilitate the entry-to-practice of internationally-educated midwives.

The National Midwifery Assessment Strategy (NAS) project is a three-year research project funded by Human Resources and Skills Development Canada and the members of the CMRC that aims to create a national strategy for fairly and effectively assessing internationally-educated midwives. The Developmental Phase confirmed the need for this project and resulted in a comprehensive Research Plan. Phase One involved a variety of research methods and resulted in the Phase One Report, as well as the following more detailed reports:

- Report on Focus Groups with Internationally-Educated Midwives;
- Report on Focus Group with Midwifery Supervisors;
- Report on the Results of an International Survey of Health Regulators.

Phase Two involves continued research and the development of assessment tools, according to priorities identified in Phase One.
Phase Three will evaluate the project and the resultant assessment strategy. It is anticipated that additional funding will be sought to continue the development of assessment tools and supports for internationally-educated midwives that were unable to be completed within the scope of this NAS project.

**Canadian Midwifery Registration Examination**

January 23, 2006 – The Canadian Midwifery Regulators Consortium announces the upcoming implementation of the newly created Canadian Midwifery Registration Examination

(CMRE). The CMRE is a one-day written exam designed to ensure that all applicants for registration have entry-level competencies required for safe and ethical practice in regulated jurisdictions in Canada. The exam is based on the Canadian Competencies for Midwives approved by regulatory authorities in all of the Canadian provinces and territories that regulate midwifery.

April 4, 2006 - The Exam Blueprint is now available. This document provides a detailed description of the content of the CMRE and may be viewed on the CMRC web site.

Internationally-educated applicants in British Columbia, Alberta, and Manitoba will be required to take this exam as of May 2006. Both international and Canadian educated applicants for registration in British Columbia, Alberta, Manitoba, and Ontario will be required to take this exam as of May or June 2008. The exam will be implemented for applicants in Quebec if and when legislation permits.

The CMRE is a seven-hour exam, written in two 3.5 hour parts on the same day. Each part consists of a combination of multiple-choice questions and short answer questions. Both case-based and independent questions are included. This paper-based examination will be offered in English and French at sites across Canada on the same day, once in the Spring and once in the Fall. There will be a fee for taking this exam. The exact dates and fees will be set in 2007. More information, including the exam blueprint, will be available soon at the CMRC website.

**Project Coordinator & Researcher of the NAS project** is Wendy Martin.
March 7, 2006 Wendy wrote: "It has taken a lot of chasing to get a response from your government but here it is. Not overly positive. I have responded to encourage them to look at various models and to remind them of the maternity care provider crisis. Best of luck in your continued work to get midwifery regulated, and thanks again for your assistance. Regards, Wendy"

The message which had been received March 7 was:
"Hi Wendy: Sorry for the delay in responding. The Midwifery Act that exists in NL was created several decades ago and operationally is redundant. **It will likely be repealed within the not too distant future** [emphasis added]. You refer to the Midwifery Implementation Committee, which was active a couple [sic - finished 2001] of years ago. They filed a report with the Department supporting self-regulatory status for this professional practice. The number of potential practicing midwives in NL is quite low, perhaps less than 30. This provides a significant hurdle for establishing self-governing status. As self-regulating board must be financially independent from Government and operationally self-sustainable. With low numbers of practitioners, this is not generally possible. For example, a single disciplinary proceeding can cost in excess of $100,000. Fees from 30 professionals would have to be quite high to absorb a cost of that magnitude. The other aspect with low numbers of practitioners relates to the notion of professional bias in decision making. Whether real or perceived, the opportunity for professional bias becoming an issue for decision making is a distinct possibility, especially where or if a complaint of alleged professional misconduct was dismissed by a self-regulating board. The issue of regulating health professional with small numbers of practitioners is not unique to NL. Other jurisdictions have similar problems. To date we have not seen a legislative model that can address the potential fiscal and bias issues that are of concern. We continue to explore options and welcome suggestions from individuals or groups such as your organization. However, **there are no immediate plans to regulate this professional practice within the near future** [emphasis added]. Regards, Reg Coates" (Director, Health & Community Services, Legislative & Regulatory Affairs, Policy and Planning Branch.)
[Advice has been sought and it is suggested that we speak to the Director, Health & Community Services, Policy Development, Policy and Planning Branch. This will involve writing a paper to support our situation, and to present the current Canadian midwifery situation. This interview is needed before contacting the Board Chairperson of each Regional Integrated Health Authority.]

**Nursing and Midwifery**

(Betty Lundrigan, ARNNL, Nursing Consultant Advanced Practice & Administration. Adapted from a reply to an out-of-province inquiry in February 2006 regarding regulatory midwifery in Newfoundland and Labrador.)

There is no provision under the Registered Nurses Act for ARNNL to regulate Midwifery in NL. ARNNL is authorized to regulate registered nursing practice and nurse practitioner practice. Under the Registered Nurses Act ARNNL is responsible for setting standards of practice for RNs in NL. In meeting this responsibility ARNNL has established a mechanism for the transfer of medical functions from medicine to nursing.

ARNNL recognizes three levels of competencies for RN practice in NL. These are basic or entry level skills that are taught in the collaborative BN educational programs and which all RNs can practice. RNs employed in obstetrical units who practice at a more advanced level are required to have additional education and experience in order to practice safely and competently. ARNNL refers to these competencies as advanced nursing and medical nursing shared skills (*ARNNL Advanced Nursing and Medical Nursing Shared Skills* (1993) and Appendix A (2005) lists the obstetrical advanced practice and medical nursing shared skills). In order to perform advanced nursing and medical nursing shared skills RNs are required to have additional education and practical experience (as outlined on pages 2 to 4 of the document). There are anticipated changes to the ARNNL Scope of Practice documents coming later in the spring. More information can be found under 'What's New' on the ARNNL web site: www.arnnl.nf.ca.

Specifically, delivery of infants is a medical nursing shared procedure that is subject to the criteria governing the performance of a medical nursing shared skill. The document states: "In certain geographical areas and circumstances, delivery of an infant by the RN may be accepted practice" (p.10). This shared skill has been approved by ARNNL and the College of Physicians and Surgeons of NL. As noted above the document outlines the criteria that must be adhered to in allowing registered nurses to perform this skill. This is the authority that allows registered nurses to manage labour and perform deliveries in Northern Newfoundland and Labrador (specifically at Goose Bay and St. Anthony). Under the ARNNL criteria the regional health authority must have policies and specific procedures that acknowledge this is acceptable practice and that define the parameters of the practice (performance of the skill). It is ARNNL's understanding that the practice of RNs managing labour and performing deliveries is specifically defined through agency-based medical directives for this expanded nursing practice.

The confusion regarding ARNNL regulating midwifery practice may arise from the fact that the registered nurses who perform this medical nursing shared skill in Northern NL have also trained as midwives in another country or province.

**Meeting with Elaine Carty, March 7, 2006**.

Elaine Carty is Director of the Midwifery Program at the University of British Columbia in the Department of Family Practice, Faculty of Medicine and a Professor in the School of Nursing. She has a grandmother from Newfoundland. She did her nursing at the University of New Brunswick and graduate work in nursing and midwifery at Yale University. She was involved with the *Labour of Love* conference in Vancouver in 1979. Over the years, she has studied the integration of midwifery into the British Columbia Health Care System and was one of the founding members of the early midwifery pilot project (1982) at the then Grace Hospital in Vancouver. She is currently working with the Evaluation team for the South Community Birth Project in Vancouver. She is also involved with the research into BC midwifery carried out by the BC Centre of Excellence for Women's Health and co-authors reports of the findings. She has an ongoing interest in midwifery and birth in art, literature and history. She has published papers in midwifery, nursing and law journals.

There were seven people who attended the meeting with Elaine Carty, on March 7, at the Health Sciences Centre. After introductions Pearl gave a brief background summary of midwifery in Newfoundland and Labrador (NL). Nurses with midwifery expertise practice a limited scope of midwifery at Labrador Health Centre in HVGB, and at the Curtis Hospital in St. Anthony.
**Midwifery in BC**. The move towards having midwifery as a regulated profession started about the time of the *Labour of Love* conference held in British Columbia (BC) in 1979, when mothers started complaining about the number of interventions during childbirth. It took until January 1, 1998 for midwifery legislation to be passed and then to come into effect. The International Confederation of Midwives congress in Vancouver in 1993 had greatly influenced the Government into making a statement saying that midwifery legislation would be passed. No midwifery would have been an embarrassment to the BC Government. Although the Minister had announced that home births would be permitted, there were those who were opposed and so there was a home birth project to start with. Now that people are learning about midwifery the opposition is decreasing.

Elaine Carty said that there were geographic similarities when comparing BC and NL. Both have rural areas, but in BC they have birth units. The midwives and the family doctors work together, and the Minister of Health is interested in midwifery.
**Financial Aspects**. In BC, midwives are paid by 'course of care'. A midwife providing care to the required number of mothers, and receiving payment for their 'courses of care' would earn $110,000 per year. From this the midwife would have to pay for an office, administration costs, tax deductions. In the city the midwife could take home about $70,000. The midwives have adapted their businesses, such as buying a building and then renting to others so that the tenants pay the overhead expenses. In the rural areas some midwives have an office in their homes. There is no salary scale. For insurance the midwives pay $4,000 a year to the Ministry of Health, and the Ministry pays $30,000. The money saved towards any future court case is growing (about $2 million has accrued in the fund). The midwives pay about 3% of their earnings to the Midwives Association of British Columbia (MABC).[Omitted was a question about payments to the College]
In Ontario midwives are paid according to 'course of care', and the Ontario Government pays all of their insurance. In Manitoba there is a salary model.
In Alberta midwives have to practice privately, except in a few projects.
In BC about 70% of women choose a hospital birth and 30% a home birth. Depending on the community there may be 10% to 50% home births. Referrals are paid at the same rate as when a family doctor refers. Referrals are not paid for in Ontario. BC is the only province with a data base that will have every home birth on record.
There are economic savings with home births of about $3,000 to $4,000. In a hospital there is the cost of the use of labour rooms, but the midwife providing postpartum care at home saves money. The midwives spend longer on antenatal and postnatal visits and so these cost more. The midwife going into the hospital with the mother in labour reduces the cost of nursing care. The nurses relieve the midwife for breaks, and provide second attendant care for the birth. Some of the nurses enjoy working with midwives as it gives another perspective. There is about 11% to 14% intervention rate for mothers receiving midwife care.
**Women have Lost Confidence**. Midwives find that women have lost confidence in their bodies and what they can do. They are also terrified about eating the right food in pregnancy. They watch Birth programs from Toronto on the TV, showing many women who have high risk problems and receive many interventions.

**Midwifery Education**. When the University of BC's midwifery education program was being developed there was the option of either being located in the nursing faculty or in the medical faculty. The medical faculty was chosen because midwives have more in common with family physicians than with nurses. There are advantages to being with the medical faculty, as physicians are often considered more elite than nurses. (Mary Hodge mentioned a similar experience in Saudi Arabia). In Vancouver the obstetricians are now getting the midwives to teach the 'normal' to the medical students.

In BC the word 'autonomous' is avoided as this makes physicians anxious. They always talk about working as an inter professional team.

The Campus interdisciplinary clinic includes student midwives. There is an 'Adopt a Medical Student' program, where medical students are adopted by a family, so that they can observe home births. The medical students initially thought that they would adopt a family, and they had to change their ideas when told that they, the students, were the ones who would be adopted.

A suggestion was made by Elaine Carty that there could be an Atlantic Midwifery Program. At UBC there are 150 applicants for 10 places. At Memorial University of Newfoundland a Faculty of Health Sciences has been proposed. With all health faculties under one faculty it would be easier to include midwifery. It costs the UBC midwifery school $20,000 a year to educate a midwife, whereas in other UBC programs it costs about $60,000 per student.

**MCP$^2$**. Regarding Primary Health Care, Cathie Royle said that she will be eager to see the outcome of the Multidisciplinary Collaborative Primary Maternity Care Project (MCP$^2$). Communities need education so that they can identify their needs. In Nova Scotia this was done and midwives were seen as missing. In NL they started with a medical model and no prior education was given regarding other options. Maternity care was not even on the list to be considered.

**Aboriginal Midwives**. Aboriginal midwives in BC wanted the same regulations as non-aboriginals. The First Nations 'Working Closer to Home' project is pushing the Aboriginal model. (Elaine Carty used the phrase that a community without births and deaths loses its heart. This was also said by Darlene Birch, aboriginal midwife, at the Midwifery Way forum 1994.)

**Rural Communities**. In NL people are expected to travel great distances, when everything is normal, to give birth. This is similar to BC and there has been some research about this because of the danger of road accidents when driving to the hospital in labour, and then driving a new baby home in cold winter weather. (In Merritt, near Kelowna, a woman in labour was found hitchhiking to hospital as she had no money for a taxi.)

**Regulation of Midwives**. In the Northwest Territories members of all professions, except nurses, must co-registration with another province. Ontario and BC will not regulate someone who does not practice in those provinces. Alberta does register an out of province midwife but they charge a high fee. The midwifery national examination is to begin in 2008. There cannot be an Atlantic legislative process because the way legislation is made varies too much between provinces. There would need to be a similar legislative process in each of the four provinces. Nova Scotia is looking at a multi-disciplinary licensing and disciplinary committee.

A suggestion was for this province to have a project within a maternity unit to educate obstetricians and others about midwifery.

Consumers need to write individual letters to the government. Collecting signatures does not have the same effect.

(Acknowledgment was given to the MUN School of Nursing for making this time available to AMNL.)

Littleton, L. (2005/2006, Winter). Kootenay Community Midwives. *Canadian Journal of Midwifery Research and Practice*, *4*(3), 35-36.
Two years ago, the British Columbia government considered closing some hospital and health care services, including Nelson Hospital's maternity ward. The government figured services could be handled by a regional centre in Trial, even though 300 babies are born in Nelson annually, compared with just 200 in Trail. After a review committee visited both hospitals, Nelson's maternity ward remained open. This was as a result of the outstanding integration between the various medical practitioners using the facility, including the Kootenay Community Midwives.

**Supporting Midwives: Important Caregivers in the North** (*Ajunnginiq Centre*, March 2006, pages 5-6) (The *Ajunnginiq Centre* disseminates information for the National Aboriginal Health Organization, in English, syllabics, and western Inuktituk. The web site is: www.naho.ca/inuit .)

Imagine a day when most Inuit women can give birth in their home communities. Right now, many expectant mothers in the Arctic have to travel to larger centres or to the South to give birth because the necessary health services don't exist in their own community or region. The birth of a child is wonderful and many new mothers want to share that experience with their family and friends - not in a hospital far away from home. Inuit midwives and birthing centres in the North are helping to change all of that. With trained midwives and birthing centres in some Inuit communities, including Inukjuak, Puvirnituq and Rankin Inlet, Inuit women are now giving birth in their own communities, surrounded by the love and support of their family and friends.

Midwives are an amazing group of health-care professionals. Well-respected and highly skilled, midwives provide a wonderful service to women, families and communities in the North. The Ajunnginiq Centre was fortunate this past year to meet and work with several Inuit midwives from Nunavik. During the Aboriginal Women and Girls' Health Roundtable in Ottawa in April 2005, we heard there is a real need for Inuit midwives across the Arctic to have a strong support network. The Ajunnginiq Centre is endeavoring to do just that. During 2006, the Centre will launch the "Inuit Midwifery Network". The network will allow Inuit midwives working in communities across the Arctic to connect to one another. The Ajunnginiq Centre believes the Inuit Midwifery Network is an ideal way to:

- Provide midwives and maternity care workers with up-to-date resources and the latest research on the midwifery field.
- Connect Inuit midwives in remote communities to those working in other Inuit regions.
- Inform midwives and maternity are workers of upcoming gatherings, training, and events related to their field.
- Allow midwives and maternity care workers to share their stories and experiences with fellow professionals.

Through supporting Inuit midwives and maternity care workers with a variety of information services, the Inuit Midwifery Network seeks to advance the cause of *returning birthing to Inuit communities.*

The Inuit Midwifery Network will be web-based. Resources and information, conference listings, and other important information will be posted on our website for midwives and maternal care workers to access. For those without Internet connections, the resources will be faxed or mailed to them. Midwives, maternity care workers and people interested in midwifery can join the Inuit Midwifery Network. E-mail Catherine Carry at ccarry@naho.ca, or contact her toll-free at 1-877-602-4445 ext. 252.

*Midwifery and Aboriginal Midwifery in Canada* (May 28, 2004) contains many references to midwifery in NL, including AMNL's "Code of Ethics" on page 47.
http://www.naho.ca/english/pdf/aboriginal_midwifery.pdf

*Exploring Models for Quality Maternity Care in First Nations and Inuit Communities: A Preliminary Needs Assessment. Final Report of Inuit Women's Needs Assessment* (2006). There are many references to midwives and midwifery in this report.
http://www.naho.ca/inuit/english/publications.php scroll down to maternity care.

**International Confederation of Midwives (ICM)** (Web site: www.internationalmidwives.org )

The ICM was founded in 1919 and now has over 83 national member associations from over 70 countries. Through these associations it represents over 500,000 midwives throughout the world.

The mission of the Confederation is: To advance worldwide the aims and aspirations of midwives in the attainment of improved outcomes for women, their newborns and families during the childbearing cycle, using the ICM midwifery philosophy and model of care.

The goals of the Confederation are to:

* Work to improve women's health globally
* Promote and strengthen the midwifery profession
* Promote the aims of the organisation internationally

The Confederation works to develop the role of the midwife as a practitioner in her own right by advancing the provision of maternity care and thereby improving the standard of care provided to mothers, babies and the family throughout the countries of the world.

ICM also supports and advises associations of midwives in liaison with their governments, and represents midwifery to international bodies and agencies in meetings, consultations and in direct relationships with the heads or governing bodies of such organisations.

Finally, the ICM seeks to advance globally the position of the midwife and the value of midwifery and to achieve a reduction in rates of maternal and neonatal mortality and morbidity.

The International Council is the governing body of the ICM. It consists of two delegates from each member association and regional representatives from each of the four regions of the Confederation - Africa, Asia-Pacific, the Americas and Europe. The headquarters of the ICM is located in The Netherlands.

The Council met prior to the 27th triennial congress of the ICM held in July 2005, in Brisbane, Australia. One of their actions was to create a more extensive board of management and executive board implementing up-to-date governance arrangements to include accountability. Bridget Lynch (Ontario) was elected as deputy director.

The theme of the Congress was "Midwifery: Pathways to health nations", and over 1700 midwives from the 70 countries attended. ICM awards were presented to midwives from Ghana, the Philippines, Ethiopia, Uganda and Indonesia. The Indonesian Midwives Association received an award for their leadership in responding to the needs of women and mobilising members following the tsunami. A keynote address was given by Brenda Epoo, a community midwife from Inukjuak's Inuulitsivik Health Centre in Quebec. She described the midwifery care introduced covering three villages and seven communities with 200 births a year. Consultations are carried out by telephone or MEDEVAC. (*RCM Midwives Journal, 8*(9), 380-386, 2005.)

The next ICM Congress is in Glasgow, June 1 to 5, 2008.

CAM has recently received a large information package from ICM. It includes updated position statements, the ICM definition of a midwife and certain by-law changes. The hard copy is kept at the CAM office but this information can be found online at:

http://www.internationalmidwives.org/index.php?module=ContentExpress&func=display&ceid=32&bid=22&btitle=ICM%20Documents&meid=26

The ICM breastfeeding position statement (2000) does not include the revised "Innocenti Declaration" which may be accessed at: http://innocenti15.net/declaration.pdf

The ICM Journal (International Midwifery) is now being published 4 times/yr instead of 6. CAM has received the March edition. They only received 2 copies but are requesting 12 copies in the future so that every association can receive one.

Midwives around the world celebrate the **International Day of the Midwife** on May 5 each year. The ICM established the idea of an International Day following suggestions and discussion among member associations in the late 1980s, then launched the initiative formally in 1992. The aim of the day is to celebrate midwifery and to bring awareness of the importance of midwives' work to as many people as possible. This is done in many different ways according to what works best in each country. The theme for 2006 is; "The world needs more midwives - now more than ever"

**The Royal College of Midwives** has a TV Channel http://www.rcmtv.co.uk/index.htm
The *RCM Midwives* journal (up to 2004) is on the shelves in the Health Sciences Library and may be accessed on-line at: www.ingentaconnect.com/content/rcm/rcm

**Government of Newfoundland and Labrador News Releases**

March 14, 2006, a new Minister of Health and Community Services was appointed - Tom Osborne.

May 16, 2005, a new Medical Act was tabled and the Medical Board became the College of Physicians and Surgeons.

January 7, 2005, Board representation named for new regional integrated health authorities (RIHA)
January 21, 25, and February 1, 2005, the CEOs for the RIHAs were announced.

**ASSOCIATION OF MIDWIVES OF NEWFOUNDLAND and LABRADOR**
**APPLICATION FOR MEMBERSHIP**
**2006**

Name: _____
(Print) (Surname) (First Name)

All Qualifications: _____

Full Address: _____

_____

Postal code: _____ Telephone No. _____
(home)

Telephone No. _____ Fax No. _____
(work)

E-mail Address: _____

Work Address: _____

_____

Area where working: _____

Retired: _____ Student: _____ Unemployed: _____

List of Organizations of which you are a member (the Association receives requests from various organizations for representatives to review articles, attend conferences, be on committees). Your name would not be forwarded without your consent.

Provincial: _____

National:_____

International: _____

Would be interested in participating in a research project if asked: Yes ____ No _____

For midwives who pay $75.00 ($20.00 AMNL membership fee and $55.00 CAM membership fee):

If you do not agree to your address, postal and Internet, being released to CAM tick here: No release: _____

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**I wish to be a member of the Association of Midwives and I enclose a cheque/money order from the post office**

**for: $_____**
**(Cheques/money orders only (no cash) made payable to the Association of Midwives of Newfoundland and Labrador).**
To be a member of AMNL and receive the electronic quarterly AMNL newsletter **$20.00**
For AMNL members also to be members of Canadian Association of Midwives (CAM) add **$55.00** (Total **$75.00**)
[$75.00 includes AMNL membership and CAM membership, including the quarterly CAM research journal.]
Membership for those who are residing outside of Canada **$20.00.** Correspondence will be by e-mail.

Signed: _____ Date: _____
Return to: Pamela Browne, Treasurer, Box 1028, Stn. C, HVGB, Labrador, NL, A0P 1C0